Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
/	Automobile Liability Private		
	Passenger		
	Commercial	**************************************	
	Automobile Physical Damag		
	Private Passenger		
	Commercial		
	iability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		<u>,,, , , , , , , , , , , , , , , , , , </u>
	Boiler and Machinery		
	Fire	88	-7.9
E	Extended Coverage		
	nland Marine		
۲	Homeowners		
(Commercial Multi-Peril		
(Crop Hail		
(Other		
	Life of Insurance		
1	Does filing only apply to certa Classes? If so, specify:	in territory (territories) o	r certain
	D: (1) (5) (1)		
	Brief description of filing. (If f	lling follows rates of an a	advisory
	Organization, specify organization):	Introduce Medical Risk I	ΔFe
•	organization).	Introduce Medical Risk I	_AFS
		<u></u>	· · · · · · · · · · · · · · · · · · ·
,	*Adjusted to reflect all prior ra **Change in Company's prem		ult from application of n
,	rates.		
,	rates.	ACE Amer	ican Insurance Company
,	rates.		ican Insurance Company ame of Company
,	rates.	Na	ican Insurance Company ame of Company I. Reilly - Vice President

SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	10,715	+8.4%
10.	Extended Coverage	27,464	+8.4%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
15.	Other Line of Insurance		
oes f	iling only apply to certain territory (to	erritories) or certain classes? If so, specify:	

* Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

All America Insurance Co. Name of Company

Mrs. Petrise Meyer Sr Rates and Forms Analyst, Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	<u>Volume (Illinois)*</u>	<u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto	-	
4. Burglary and Theft	44.00	
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	4 220 004	-12.0%
9. Fire	1,328,001	-12.076
10. Extended Coverage		
11. Inland Marine 12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Line of Insurance		
Line of modianes		
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify:	N/A
	,	
Brief description of filing. (If filing follows rate	es of an advisory organization, specify or	ganization): <u>LCM</u>
		<u> </u>
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which	n will result from application of new rates	
	Allta d Duamanto C	Consult designed Company
		Casualty Insurance Company Name of Company
	'	Maine of Company
	S	hirley A. Collins
		Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate level	produced by rate revision effective	10/15/10
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 	1,424,472	-17.2%
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other		N/A
Brief description of filing. (If filing follows rate	s of an advisory organization, specify org	ganization): <u>LCM</u>
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	AMCO	Insurance Company lame of Company
	Stilley A. C	Collins, Sr. Filing Analyst Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rat	e level produced by rate revision effective	11/1/2010
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commerci	al	
3. Liability Other Than Auto	38,802	+2.0
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety8. Boiler and Machinery		
9. Fire	86,087	+2.0
10. Extended Coverage	36,895	+2.0
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. OtherLine of Insurance		
Line of Insurance		
	ry (territories) or certain classes? If so, specify:	
Brief description of filing. (If filing follow	ws rates of an advisory organization, specify org	anization): <u>f</u>
*Adjusted to reflect all prior rate chang **Change in Company's premium leve	el which will result from application of new rates.	
	American Moder	n Home Insurance Company
	SL SM	Ompany
	The state of the s	– Title

SUMMARY SHEET

1	Change in Company's premium or rat	e level produced by rate revision effective	11-1-10
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	139,144	+8.4%
10.	Extended Coverage	188,271	+8.4%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	iling only apply to certain territory (to	erritories) or certain classes? If so, specify:	
	description of filing. (If filing follows are revising our Loss Cost Mul	rates of an advisory organization, specify of tiplier from 2.077 to 2.252.	organization):

* Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

Central Mutual Insurance Name of Company

Mrs. Petrise Meyer Sr Rates and Forms Analyst,
Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

(1)	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Coverage Automobile Liability Private	volume (minois)	Change (101-)
•		
Passenger Commercial		***************************************
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		**************************************
Fire	2,033,750	-2.2%
Extended Coverage	2,000,100	
Inland Marine		<u> </u>
Homeowners		***************************************
Commercial Multi-Peril		<u></u>
Crop Hail	4-2	
Other		
Life of Insurance		A CONTRACTOR OF THE PROPERTY O
Does filing only apply to certa	nin territory (territories) or	certain
Classes? If so,		
specify: Filing ap	oplies to all territories and classes	S.
Brief description of filing. (If f	iling follows rates of an a	dvisory
Organization, specify	Mariana adautian acceptat II	CO leas anata muining averland a
organization):		SO loss costs, revising our loss co
multiplier and revising our County Facto	rs.	
*Adjusted to reflect all prior ra	ate changes	
**Change in Company's prem	•	It from application of ne
rates.		
	Grange Mutual Ca	sualty Company
	Na	me of Company
	L. Alicia Williams, C	

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
	automobile Liability Private		
	Passenger		
	Commercial		## ##
	utomobile Physical Damag		
	rivate Passenger		
	Commercial		
	iability Other Than Auto		
	Surglary and Theft		
	Blass		
	idelity		
	urety		
	oiler and Machinery		
	ire	5,783	-7.9
	xtended Coverage		
Ir	nland Marine		*
	lomeowners		
	ommercial Multi-Peril		
	rop Hail		
O	Other		
	Life of Insurance		
Г	Does filing only apply to certa	in territory (territories) o	r certain
	Classes? If so,	(10771077)	
	specify:		
-			
E	Brief description of filing. (If f	iling follows rates of an a	advisory
	Organization, specify		
О	organization):	Introduce Medical Risk L	AFs

Insurance Company of North America Name of Company Robert J. Reilly - Vice President Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate level produced by rate revision effective _		9/22/2010	
•	1)	(2) Annual Premium	(3) Percent
Cov	<u>erage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liał	oility Private		
	Commercial		
Automobile Phy Private Pas			
3. Liability Other T			
4. Burglary and Th			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Mac	hinery		
9. Fire		2,032,616	18.9%
10. Extended Cove	rage		
11. Inland Marine			
12. Homeowners			
13. Commercial Mu	ılti-Peril		
14. Crop Hail			
45 Other			
l ine	e of Insurance		
territories.			ecify: No, this filing is applicable to all
Brief description of	filling. (It filling follows ra	ates of an advisory organization, spe	cify organization): Revise the current
		212 for both dwelling and contents. This	s ractor applies to
following coverages	when applicable:	7 \/MM building	
1. Fire building		7. VMM building	
	re	8. VMM other structures	
3. Fire contents	10	9. VMM contents	
	and Special buildings	10. Broad Form theft	
	and Special structures - o		
Extended and Br	oad contents	12. Personal liability	· · · · · · · · · · · · · · · · · · ·
**Adjusted to reflect **Change in Compa	all prior rate changes. any's premium level which	will result from application of new rates	S.
<u>-</u> .		l ibante Mete	ual Fire Insurance Company
		Liberty Wutt	
			Name of Company
		Coop Hillio	Name of Company Ird - Industry Filing Analyst

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private	· Volume (minois)	_ Change (101-)
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire	995	-7.9
Extended Coverage		
Inland Marine	<u></u>	**************************************
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Life of Insurance		
Life of insurance		
Does filing only apply to certa Classes? If so, specify:	ain territory (territories) or	certain
Duinf description of Slice (15)		duine .
Brief description of filing. (If the Organization, specify	filing follows rates of an a	dvisory
Organization, specify		
	filing follows rates of an a	
Organization, specify		
Organization, specify organization): *Adjusted to reflect all prior rate of the company's prenary or the company or the compa	Introduce Medical Risk Load	AFs
Organization, specify organization): *Adjusted to reflect all prior ra	Introduce Medical Risk Late changes. nium level which will resu	AFs It from application of n
Organization, specify organization): *Adjusted to reflect all prior rate of the company's prenary or the company or the compa	Introduce Medical Risk Loate changes. nium level which will resu	AFs It from application of no
Organization, specify organization): *Adjusted to reflect all prior rate of the company's prenary or the company or the compa	Introduce Medical Risk Loate changes. nium level which will resu Pacific Emp	AFs It from application of n

Change in Company's	premium or	rate leve	l produced	by	rate
revision effective	January 1, 2011				

(1)	(2)	(3)
_	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	\$105,877	-1.5
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Line of Insurance		
Does filing only apply to certain If so, specify: No.	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization CF-2009-RPTLC and CF-2009-RLA1 effective J	on): We are filing to adopt ISO's re	
* Adjusted to reflect all prior ** Change in Company's premium le result from application of new	vel which will	
TR	ANSGUARD INSURANCE COMPANY Name of Company	
	Robert Goddard, Senior Compl Official - Tit	
H29219D		

Form	n (RF-3)	SUMMARY SHEET	
Change in Company's premium or rate level produced by rate revision effective11/1/10 New Business, 12/1/10 Renewal Business			
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -) **
2. 3. 4. 5.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability other than Auto Burglary and Theft Glass Fidelity		
7. 8. 9. 10. 11. 12. 13.	Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril* Crop Hail Other	1,021,339	20.2%
Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revising base rates, \$500 deductible factor, Liability/Med rates, and minimum Coverage A premium.			uctible factor, Liability/Med Pay
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Trustgard Insurance Company Name of Company			
			Brett C. Helf, Product Manager Official - Title